Exhibit A

NEW YORK CARDIOTHORACIC GROUP

August 12, 2008

James LaRosa, M.D.
The Westchester Medical Center
Valhalla, NY 10595

Dear Dr. LaRosa,

I am writing to update the data on OR utilization and its impact on OR room assignments within the Section of Cardiothoracic Surgery. In a memo of August 3, 2006, I implemented the current allocation, which stems from a review based on the same methodology.

Data for the past 6, 12 and 18 months show that the New York Cardiothoracic Group (NYCTG) is doing 70% of all cardiothoracic volume (Adult Cardiac + General Thoracic + "other"), 59% of General Thoracic cases, and 72% of Adult Cardiac cases (see attached). Accordingly, cardiac OR room assignments have been re-apportioned to reflect these data, as diagrammed on the attached chart.

The data justifies allocating 15 of 21 slots to NYCTG and 6 to the Cardiac Surgical Group (CSG). However, I believe the attached schedule, allotting CSG 7 slots, will be satisfactory at this point.

As you know, misappropriated OR time is inefficient for the hospital; wearing on the staff and physicians, who must operate late at night and on weekends to compensate; and unfair for the patients, who must wait in the hospital to have their procedures done.

An important principle in maximizing resources is that the adult cardiac rooms are optimally used for adult cardiac cases; alternatively the perfusion team is sidelined, while engaging cardiac nursing and cardiac anesthesia in cases that could be done in a General OR room, with the General OR staff. As always, General Thoracic cases may be scheduled in the cardiothoracic slots, but, when possible and where appropriate, we will continue our policy of attempting to place General Thoracic cases in a General OR, if a cardiac surgical case is waiting.

The proposed plan equitably reflects current usage, with NYCTG volume approaching 3/4 of cardiothoracic cases, and, importantly for patient care, most efficiently distributes the available OR time. We will implement the new schedule beginning in 1 month, on Monday, September 2, 2008. OR usage will continually be monitored and allocations will be re-assessed every 6 months.

Yours truly,

Steven Lansman, MD PhD
Chief, Section of Cardiothoracic Surgery

Enclosure (1)

cc: John Savino, M.D.
Elisha Briggs, R.N.
Timothy Dowd, M.D.
Rocco LaFaro, M.D.
Sylvia Holmes, R.N.
Emma Ladores
Alan Bey
Jordan Rabinowitz
Garry Brudnicki

Cardiothoracic Service
Effective September 2008
OR Room Assignments

Room		Mon	Tues	Wed	Thurs	Fri	SLOTS
4	AM	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	5
	PM	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	5
3	AM				[redacted]		1
5	AM	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	5
	PM	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	5
							21

							Total
	[redacted]	2	3	3	3	3	14
	[redacted]	2	1	1	2	1	7
SLOTS		4	4	4	5	4	21

Exhibit B

NYCTG
NEW YORK CARDIOTHORACIC GROUP

January 9, 2008

John A. Savino, M.D.
Professor and Chairman of Surgery
The Westchester Medical Center
Munger Pavilion
Valhalla, NY 10595

Dear Dr. Savino,

I am writing to update the data on OR utilization and its impact on block time assignments within the Section of Cardiothoracic Surgery, which I last reviewed in my memo to you of August 3, 2006.

These are the data for all cases (cardiac + thoracic) and adult cardiac cases for the past 6 & 12 months. The data shows that the New York Cardiothoracic Group (NYCTG) is doing 2/3 of all cardiothoracic volume and is approaching doing 3/4 of adult cardiac cases. Accordingly, cardiac OR room assignments have been re-apportioned to reflect these data, as diagrammed on the attached chart.

Using the data for adult cardiac surgical cases, the apportionment would be 6 slots per week for the Cardiac Surgical Group (CSG). A better scenario for CSG would be to use the data for all cardiothoracic cases, which would give CSG 7 slots per week, and the attached plan is based on that allocation.

The schedule also presumes allocation of room #3 to NYCTG for 1 case on Thursdays, as is currently the case.

An important principle in maximizing the service's resources is that the adult cardiac rooms are optimally used for adult cardiac cases; alternatively the perfusion team is sidelined, while engaging cardiac nursing and cardiac anesthesia in cases that could be done in a General OR room, with the General OR staff. Therefore, we will continue the recently adopted policy of attempting to place General Thoracic cases in a General OR, if the room and staff are available, and if a cardiac surgical case is waiting.

Members of the OR Block Time Committee, Mr. Weems and Dr. LaRosa have reviewed these data. The proposed plan equitably reflects current usage and, importantly for patient care, most efficiently distributes the available OR time. OR usage will continually be monitored and block allocations will be re-assessed every 6 months.

Yours truly,

Steven Lansman, MD PhD

Chief, Section of Cardiothoracic Surgery

Enclosure (1)

cc: Elisha Briggs, R.N.

James LaRosa, M.D.

Rocco LaFaro, M.D.

Cardiothoracic Service
August 2006
OR Room Assignments

					Slots		
*12 mo All Cases	338	670	0.34	0.66	21	7.0	14.0
**6 mo All Cases	156	334	0.32	0.68	21	6.7	14.3
*12 mo Cardiac Cases	231	547	0.30	0.70	21	6.2	14.8
**6 mo Cardiac Cases	100	257	0.28	0.72	21	5.9	15.1

* 12/06 - 11/07
** 6/07 - 11/07

Room		Mon	Tues	Wed	Thurs	Fri	SLOTS
4	AM						5
	PM						5
3	PM						1
5	AM						5
	PM						5
							21

							TTl
NYCTG		2	3	3	3	3	14
CSG		2	1	1	2	1	7
SLOTS		4	4	4	5	4	21

CSG 7
NYCTG 14

Exhibit C

CARDIAC SURGERY GROUP
PO BOX 434
ELMSFORD, NY 10523

Arlen G. Fleisher, M.D.
Rocco J. Lafaro, M.D.

Hand Delivered
2/4/08
RL

February 4, 2008

John A. Savino, M.D.
Chairman, Department of Surgery
Westchester Medical Center
Munger Pavillion
Valhalla, NY 10595

Subject: Reduction in OR Availability

Dear John:

We are writing to object to the devastating cutback in our access to the operating rooms at WMC suitable for cardiothoracic surgery, which you discussed with Rocco on Friday, February 1, 2008. The cutback was requested in Dr. Lansman's January 9 letter but put on hold. You confirmed Friday that it will now in fact take effect as of a week from today, February 11, 2008. You told me Dr. Lansman can get away with this because of his "exclusivity" at the Hospital. That is not right. He may be pushing for such a result, but you have the ability to stop it.

The Section chief may have control of the block of OR times assigned to the Section, but it is ultimately the responsibility of the Chairman of the Department to ensure that those assignments are consistent with patient quality and safety. While we have significant objections to the cutback based economic considerations and are in litigation with Dr. Lansman and WMC on antitrust grounds, the adverse effect on patient care from this latest move by the Section chief ought to be of particular concern to you. The Division of Cardiothoracic surgery has historically performed cardiac and major noncardiac thoracic cases in the "heart rooms" The reason was because an experienced cardiothoracic anesthesiologist is available to perform anesthesia for these difficult cases. There was therefore never a need to obtain separate block time for these cases. Dr. Lansman's arrival at WMC resulted in an allocation of OR time, which to date we have been able to live with.

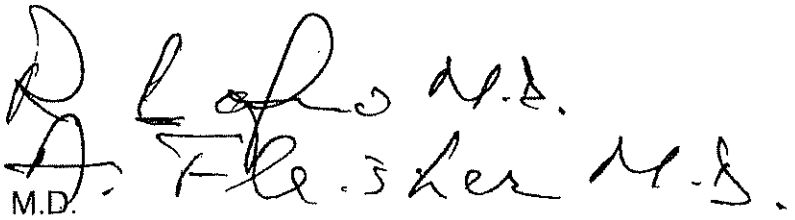
Now, however, the proposed cutback deprives our patients of access to the rooms, equipment and personnel needed to assure the best possible outcomes. Not having the availability to schedule these cases in rooms 3, 4 or 5 will have an unacceptable negative impact on the quality of care that we can provide.

In addition, cutting the total number of slots we currently have and taking away 2 morning slots in particular will adversely affect our patients' safety. As you are well aware, the majority of our heart patients are urgent or emergent cases cathed the evening before surgery. By not having those slots available the next morning, these patients will be put at totally unacceptable risk by having to wait. As you know, there has been a trend towards prolonged ICU stays and hospitalizations at WMC on the service of Dr. Lansman and his colleagues. Because of this there are frequent case cancellations. Not having those morning slots will put our patients at the disadvantage of being bumped more frequently. If there are no cases booked in the room, then the room is turned over to the other group anyway. That has worked in the past and has gone in both directions.

Finally, we are dismayed that one of the effects of the cutback will be to dramatically shrink, if not eliminate in most instances, our ability to do urgent and emergency non-heart thoracic surgery. You know this to be the likely result and said as much to Rocco when you pointed out that there will simply not be enough rooms to assure availability for those thoracic cases. We continue to be the surgeons of choice for the majority of those patients, yet the proposed cutback will turn Dr. Lansman and his colleagues into the only ones who can do them. As Chief of Surgery, you should have no part in creating such a situation.

John, we appeal to you to stop this current step by Dr. Lansman. It is bad for our patients and bad for the Hospital. It undermines the quality of patient care and has terrible implications for patient safety. We urge that the two slots simply be treated as neutral slots and that they be assigned on the basis of patient need, not for the special advantage of Dr. Lansman's service. We will speak with you further about this alternative proposal.

Sincerely,



Rocco J. Lafaro, M.D.
Arlen G. Fleisher, M.D.
Cardiothoracic Surgery

Exhibit D

WESTCHESTER MEDICAL CENTER
ACADEMIC HEALTH CENTER
OF NEW YORK MEDICAL COLLEGE

DEPARTMENT OF SURGERY

NEW YORK MEDICAL COLLEGE

JOHN A. SAVINO, M.D.
PROFESSOR AND CHAIRMAN OF SURGERY
NEW YORK MEDICAL COLLEGE
DIRECTOR OF SURGERY
WESTCHESTER MEDICAL CENTER

914-493-7221 OR 914-594-4052
914-594-4859 FAX
EMAIL: john_savino@nymc.edu

February 6, 2008

Arlen G. Fleisher, M.D.
Rocco J. Lafaro, M.D.
Cardiac Surgery Group
PO Box 434
Elmsford, NY 10523

Re: Block Time Allocation

Dear Dr. Fleisher and Dr. Lafaro:

This letter is in response to your letter to me dated February 4, 2008. First, given the envelope accompanying the letter, as well as, the contents of the letter, it is evident that this letter was scripted by your attorney, and seems to attempt to involve me in your pending lawsuit against WMC and Drs. Lansman and Spielvogel. Further, you attribute statements to me that are simply not true and come very close to accusing me of ignoring patient care concerns. While I understand your desire to protect your practice, I do not appreciate becoming embroiled in this matter.

For the record, I absolutely reject that I told you or anyone that "Dr. Lansman can get away" with certain conduct "because of his exclusivity at the Hospital." I also deny that I ever indicated, directly or indirectly, to Dr.Lafaro that CSG will not be able to do urgent or emergent non-heart thoracic surgery. Additionally, I resent any implication that any decision made by me as Director of Surgery will negatively affect patient care.

Putting aside these "litigation" positions you have written into the letter, I do believe that Dr. Lansman's request for additional block time appears appropriate. However, based on your concerns, and because we no longer have an active Peri-Operative Governance Team, I will ask Dr. Lansman to delay implementation of the new block time assignments for 30-60 days while I work with Dr. Larosa and others in designing an appropriate process for reviewing block time requests. I look forward to working with you and Dr. Lansman in a collegial manner in this process.

Very truly yours,

John A. Savino, M.D.

JAS:ic
Cc: Steven Lansman, M.D.
James Larosa, M.D.

CARDIOVASCULAR & THORACIC
SURGERY GROUP

February 13, 2008

John Savino, M.D.
Director & Chairman
Department of Surgery
Munger Pavilion
Valhalla, NY 10595

Dear John:

Thank you for your letter of February 6, 2008. I agree with you that ones opinion should be refined by a deliberative process; and so I welcome the process to evaluate the proper use of block time

I look forward to participating in the process to refine and enlarge the use of block time to meet the needs of our patients and ensure their safety.

I must disagree with various statements in your letter, however I applaud your leadership in this matter.

Sincerely and Respectfully,

Rocco Lafaro, M.D.
Cardiac Surgery Group

P O Box 434 Elmsford NY 10523 • (phone)914.493.7676 • (fax)914.493.1

Exhibit E

February 21, 2008

TO: Dr. Rocco Lafaro FROM: Dr. Arlen Fleisher

MEMORANDUM

Loss of access to two morning OR slots will have a devastating effect on quality of patient care. We will no longer be able to provide next morning surgery each weekday for emergent and urgent cases. Our cardiac patients will regularly be delayed while slots for urgent pulmonary surgery will be entirely unavailable unless cardiac patients are displaced or less qualified anesthesiologist are assigned.

This new allocation is a sharp departure from past practice. Historically the cardiothoracic OR slots were not allocated to particular surgeons – they were available on an as needed basis. A surgeon could reserve a slot for an elective surgery but if an emergency case came in, the elective slot would be turned over to the case with greater need. Morning slots are critical because of their use for urgent cases referred for surgery the previous night.

The loss of these two morning slots will also delay our patients unnecessarily as there are frequent cancellations of afternoon cardiac procedures because of lack of ICU or stepdown beds. The re-allocation of OR time as proposed will only reduce quality of our patient care and safety and only serves to improve Dr. Lansman's schedule because he has complained that he and his team are here late every night.

We propose two possible solutions to this problem to ensure that quality and safety of patient care is paramount and all patients at WMC cardiac surgery division are treated equally regardless of who their surgeon happens to be.

PROPOSAL # 1

- Non cardiac surgery patients who have historically been scheduled and operated on in the cardiac surgery rooms can be moved to non-cardiac rooms provided that there is a qualified anesthesiologist (cardiac) and appropriate staff and time.

- A central booking mechanism be established where all patients waiting for cardiac surgery are listed. A committee set up consisting of – Dr. Lansman, Dr. Lafaro, cardiac anesthesiologist, cardiologist and Dr. Savino. They will then decide on the urgency of each case and their priority to the OR. If all things are equal, the cases should then be performed on a rotating basis by each group. If a

case is deemed more urgent - then that case should have priority regardless of the rotation. This system will ensure that all patients will have equal access to the operating room and that the most urgent case will have priority. This will ensure quality and safety for all patients of the service.

PROPOSAL # 2

- The schedule will remain as it currently is. There will be a 7:30 pm cutoff the night before to book a case. By that time if there are no cases booked the time is then turned over to the other group.

- It should also be understood that although Dr. Lansman presents absolute numbers - There is great fluctuation of case load on a weekly basis. That is why Dr. Lansman's Proposal only benefits his practice and actually would diminish quality of patient care and safety as a whole.

In any event, either proposal would ensure that all patients will obtain equal treatment at WMC and also be a more efficient use of OR time regardless of their surgeon.

Exhibit F

CARDIOVASCULAR & THORACIC
SURGERY GROUP

August 20, 2008

John Savino, M.D.
Professor & Chairman
Dept. of Surgery
Westchester Medical Center
Munger Pavilion
Valhalla, NY 10595

Dear Dr. Savino:

Dr. Lansman hand delivered a letter dated August 12, 2008 to me at the end of the day on August 18, 2008, announcing a reallocation of OR slots effective September 2nd, i.e. in two weeks. Dr. Lansman claims to have updated OR utilization over the past 6, 12 and 18 months and alleges NYCTG is doing 70% of all Cardiothoracic volume. The number breakdown is 59% of general thoracic cases, and 72% of adult cardiac cases.

I have serious doubts concerning the case breakdown, and ask for an independent audit of such. This remains part of the original problem involving O.R. room utilization. I do not understand the solution to be denying CSG the use of morning slots. I am interested to know what Dr. Lansman is counting as general thoracic cases. The utilization of O.R. time should be devoted to the needs of the patients, not the comfort of the surgeons. Enclosed is CSG's letter dated February 21, 2008, responding to Dr. Lansman's initial effort to restrict CSG's patients access to morning operating room assignments. The letter of February 21 included two proposals which insure all cardiothoracic patients equal access to quality care.

Over the last six months there has been no effort on the part of Dr. Lansman to implement a schedule where all patients have access to care according to patient needs.

Given the short notice, the questions concerning the statistics, and the seriousness of the issues, I would ask that no change be implemented until an independent review of actual case numbers and definition of cases can be verified. Implementation of the proposed change would only serve to diminish CSG's ability to deliver a high quality of care to our patients and seriously reduce choice for patients and their referring physicians.

Please confirm as soon as possible that the cutback of OR slots will not occur on September 2. We will be glad to work with you and Dr. Lansman on selecting an appropriate auditor.

Sincerely,

Rocco Lafaro, M.D.
Cardiac Surgery Group

Exhibit G

NEW YORK CARDIOTHORACIC GROUP

August 25, 2008

James LaRosa, M.D.
The Westchester Medical Center
Valhalla, NY 10595

Dear Dr. LaRosa,

This is a note to correct a typographical error in my recent letter regarding the new OR schedule for the Section of Cardiothoracic Surgery. The implementation date will be Monday, September 23, 2008.

Yours truly,

Steven Lansman, MD PhD
Chief, Section of Cardiothoracic Surgery

Enclosure (1)

cc: John Savino, M.D.
Elisha Briggs, R.N.
Timothy Dowd, M.D.
Rocco LaFaro, M.D.
Sylvia Holmes, R.N.
Emma Ladores
Alan Bey
Jordan Rabinowitz
Garry Brudnicki